

APPLICATION FOR AMENDMENT

Complete and return this form with the documentary evidence required if you wish to amend the original birth certificate. **SEE INSTRUCTIONS AND LIST OF SUGGESTED EVIDENCE ON REVERSE SIDE.** (NOTE: If this record is to be used for Social Security or Passport purposes, check with that office before amending this record.) **[PLEASE ENCLOSE A PHOTOCOPY OF APPLICANT'S PHOTO IDENTIFICATION WHEN SUBMITTING THIS FORM.]**

State of _____)

County of _____)

1. Please list information as it currently appears on the birth certificate you want to amend:

Name at birth _____

County of birth _____ Date of birth _____

Full name of father _____

Full maiden name of mother _____

2. List items to be corrected:

As Now Listed on Record

Correct Information

3. If adding father's name to record, please complete the following:

Father's Social Security Number _____ Mother's Social Security Number _____

4. I hereby swear that the information listed above is true and correct to the best of my knowledge.

Signature _____

(must be signed by registrant--person whose certificate this is--parent, guardian, or individual responsible for filing certificate)

Relationship _____

Address _____

City _____ State _____ Zip _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____

by _____

(Name of person acknowledged)

Notary Public

5. Fees Required.

\$11.00 to correct the record..... = \$11.00

Number of certified copies of amended record _____ x \$12.00 each = _____

TOTAL AMOUNT = _____

FOR VITAL RECORDS USE ONLY.

Evidence Accepted:

1. _____
2. _____
3. _____
4. _____

Date Amended: _____
Amended By: _____

INSTRUCTIONS

Corrections made during the first year require one item of documentary evidence.

Corrections made more than one year after birth requires two or more items of documentary evidence.

Only one item of documentary evidence is required to add the name to a birth record that has been filed without the given names being listed.

Applicant will be required to list the social security numbers of the mother and father if paternity is being established pursuant to Nebraska Revised Statute §71-601.

This application **MUST** be signed in the presence of a notary public.

The documentary evidence must have been established five years prior to application or within seven years of the date of birth. Only original documents or certified copies of the originals are acceptable. Affidavits of personal recollection are not acceptable.

THE EVIDENCE SUBMITTED MUST LIST THE INFORMATION EXACTLY AS IT IS TO BE SHOWN ON THE BIRTH CERTIFICATE AND RELATE TO THE DATE OF BIRTH OR PLACE OF BIRTH OR PARENTAGE. [PLEASE ENCLOSE A PHOTOCOPY OF APPLICANT'S PHOTO IDENTIFICATION WHEN SUBMITTING THIS FORM.]

Suggested Documents Which May Be Submitted:

Where Obtainable

Baptismal record

Church where baptized

Federal census record

Bureau of the Census
P.O. Box 1545
Jeffersonville, IN 47131

Insurance policy application

Insurance company

School census record
attended

County Superintendent of Schools in county where

Birth certificate of child

Vital Statistics Office of state where child was born

Application for marriage license

State Vital Statistics Office or County Court where
license was obtained

Voter registration

Election Commissioner or County Clerk

Military service record

Appropriate branch of service

The documentary evidence, application, and fees should be sent to:

**Vital Records
P. O. Box 95065
Lincoln, NE 68509-5065**

**Please include a self-addressed,
stamped, business-sized envelope**

For assistance or more information, feel free to call our office at
(402) 471-0918.